

Please type a plus sign (+) inside this box → ☐

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	Attorney Docket Number	B0052-US01
	First Named Inventor	HÖGBERG, Niclas et al.
	COMPLETE IF KNOWN	
	Application Number	/ To be assigned
	Filing Date	Herewith
	Group Art Unit	To be assigned
	Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Method and Apparatus for Processing Blood and Blood Components

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **11/30/2001** as United States Application Number or PCT International

Application Number **To be assigned** and was amended on (MM/DD/YYYY) **11/30/2001** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?	
				YES	NO
PCT/SE00/01077	Int'l PCT Appl.	26 May 2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9903841-6	Swedish Patent Appl	26 October 1999	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☒ Customer Number
or Bar Code Label



OR ☐

Correspondence address below

Name **Gambro, Inc.**

24994

PATENT TRADEMARK OFFICE

Address **10810 W. Collins Ave.**

Address

City **Lakewood**

State **CO**

ZIP **80215-4439**

Country **USA**

Telephone **303-205-2560**

Fax **303-231-4198**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) **Niclas**

Family Name
or Surname

HÖGBERG

Inventor's
Signature

Date

Residence: City **Karlskoga**

State

Country **Sweden**

Citizenship **Sweden**

Mailing Address **Kyrkotorp 18 B**

Mailing Address

City **Karlskoga**

State

ZIP **S-691 32**

Country **Sweden**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) **Emanuel**

Family Name
or Surname

HÄLLGREN

Inventor's
Signature

Date

Residence: City **Karlskoga**

State

Country **Sweden**

Citizenship **Sweden**

Mailing Address **Murarvägen 2**

Mailing Address

City **Karlskoga**

State

ZIP **S-691 43**

Country **Sweden**

☒ Additional inventors are being named on 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Peter		PIHLSTEDT		
Inventor's Signature				Date
Residence: City	Stockholm	State	Country Sweden	Citizenship Sweden
Mailing Address	Frejgatan 10			
Mailing Address				
City	Stockholm	State	ZIP S-113 49	Country Sweden
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	ZIP	Country

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	HÖGBERG, Niclas et al.
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	B0052-US01

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:



Place Customer
Number Bar Code
Label here
PATENT & TRADEMARK OFFICE

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Edna M. O'Connor, Assistant Secretary, Gambro, Inc.

Signature

Date

November 30 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Case 3809

P.ans. nr. 9903841-6

Härmed förklarar vi, Niclas Högberg

med postadress Kyrkotorp 18 B, 691 32 KARLSKOGA

och Emanuel Hällgren

med postadress Murarvägen 2, 691 43 KARLSKOGA

och Peter Pihlstedt

med postadress Frejgatan 10, 113 49 STOCKHOLM

att vi överlåtit till Sanguistech AB, äganderätten till den av oss gjorda
uppfinningen "Sätt och anordning för behandling av blod och blod-
komponenter" ävensom hela vår rätt att i Konungariket Sverige och i
övriga länder söka och innehava patent på uppfinningen samt att göra
bruk av eventuella prioritetsrättigheter.

Karlskoga den 29 oktober 1999

.....
Niclas Högberg

.....
Emanuel Hällgren

.....
Peter Pihlstedt

Egenhändiga namnteckningarna bevittnas:

.....
M. Björk

.....
Margret Öhru

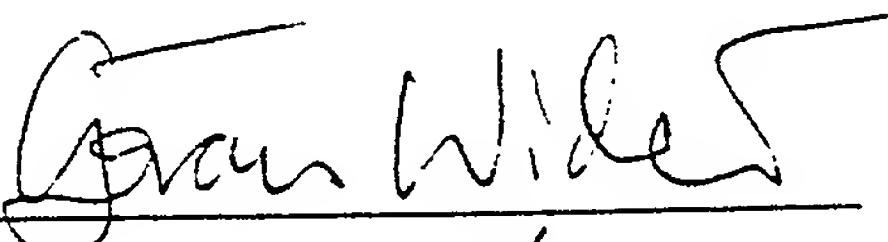
ASSIGNMENT

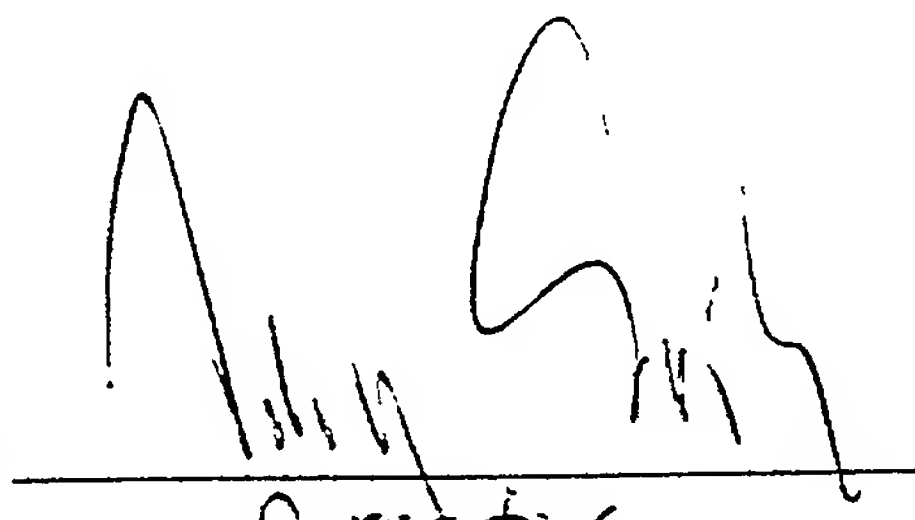
Sanguistech AB, reg. no. 556090-7213 (Sanguistech) incorporated under Swedish law do hereby assign, transfer and convey to Gambro Inc., (Gambro) a Colorado corporation, the entire right, title and interest in and to the patents, patent applications and other intellectual rights listed in the attached Schedule 1.

IN WITNESS WHEREOF, Sanguistech has caused this instrument to be executed.

Stockholm 9 July, 2001

For and on behalf of Sanguistech AB

By 
CHAIRMAN

By 
Director

10000464-13001